Application for Product Evaluation

(submit two copies of this document and all attachments)

I,					being	an	authoriz	zed	agent	of
	(Name of Com	pany	Representative)							
				_	re	eque	st	that		the
	(Compa	any N	ame)		•	- 9				
Arizona	Department	of	Transportation	(ADOT)	perform	a	product	evalı	uation	of
	(Name	of Pro	oduct)							
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Return the completed Application and the appropriate attachments to:

PRIDE Program
Arizona Department of Transportation
2739 East Washington Street, Mail Drop 075R
Phoenix, Arizona 85034-1422
(602) 712-3134

PRIDE APPLICATION Page 1 03/01/2002

REQUEST FOR PRODUCT ACCEPTANCE UNDER CURRENT ADOT SPECIFICATIONS

MANUFACTURER: ADDRESS: CONTACT: TELEPHONE: FAX: DISTRIBUTOR: ADDRESS: CONTACT: TELEPHONE: FAX: DESCRIPTION: DESCRIPTION:	DATE: _			
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<u> </u>	imary Use:
Se	condary Use:
Gu	arantee:
RODUC	T MEETS THE FOLLOWING SPECIFICATIONS AND TEST PROCEDURES:
A	DOT:
A	STM:
AAS	HTO:
ОТ	HER:
roduct is	s proposed for the following uses:

PRIDE APPLICATION Page 3 03/01/2002